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Tait R. Swanson (Depositor's name) (Signature August 9, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/063,429	04/23/2002	Jonathan C. Boomgaarden	GEMS0187/YOD	4971

TITLE OF INVENTION: ADJUSTABLE PATIENT LATERAL SUPPORT

APPLN. TYPE	SMALL ENTITY	ISSUE PEE		PUBLICATION FEE	TOTAL PEE(S) DUE	DATEDUE		
nonprovisional	NO	\$1400		\$300	\$1700	10/13/2005		
EXAMINER		ART UNIT		CLASS-SUBCLASS]			
HO, ALLEN C		2882		378-177000	•			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
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